

## Gaithersburg Skate Park Waiver

### SKATE PARK & SKATEBOARD USE AGREEMENT

☐ Check here if new address/phone since last time registered.

Participant's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Best Phone \_\_\_\_\_ Cell/Emergency Phone \_\_\_\_\_ ☐ City Resident ☐ Nonresident

Please add me to the Skate Park e-newsletter list with this email: \_\_\_\_\_

Does you/your child have any allergies, medication or conditions that may affect participation in the program? **Y**\_\_\_\_ **N**\_\_\_\_

**Please specify:** \_\_\_\_\_

Signed liability waivers are required before participants are allowed to use the park. Waivers **MUST** be signed by the parent/guardian of each participant under the age of 18. You may **NOT** sign for another person's child.

The City is committed to making reasonable accommodations as required by the Americans with Disabilities Act and other applicable laws. Requests must be made three weeks prior to program start date by calling 301-258-6350. Program entry may be delayed/denied if the request does not allow the City sufficient time to consider/arrange accommodations. Please describe any specific accommodations you are requesting based on physical, psychiatric, behavioral or other concerns. \_\_\_\_\_

#### ***Signature Required Below.***

I hereby voluntarily wish to attend, and/or grant permission for a family member for whom I am parent or guardian (Participant) to attend the activity sponsored by the City of Gaithersburg. I understand that we do so at our own risk and that I am responsible for the insurance in case of any harm or injury to me and/or the family member. I know, understand, and acknowledge that there are risks associated with the use of City buildings/equipment/personal property and hereby assume any and all risks and hazards associated there with, and shall be solely responsible for safe and reasonable use. I also understand that I am responsible for making a request for reasonable accommodations under the Americans with Disabilities Act and other applicable law.

I hereby irrevocably waive any and all claims against the City of Gaithersburg or any of its officials, employees, or agents for any bodily injury (including death), loss or property damage incurred as a result of using the buildings/equipment/personal property and hereby irrevocably release and discharge the City and any of its officials, employees, or agents from any and all claims of liability arising out of or associated with the use of the buildings/equipment/personal property.

I agree to waive, release, indemnify, defend and hold harmless the City and its officials, employees, and agents from and against any and all liabilities, judgments, settlements, losses, costs, or charges (including attorney's fees) incurred by the City or any of its officials, employees or agents as a result of any claim, demand, action, or suit relating to any and all claims of every kind of personal or property loss or damage caused by, arising out of, related to or associated with the use of the buildings/equipment/personal property by its members, employees, agents, or invitees. I also consent to the City's use of any photographs taken or video tapes made of the program.

This Liability Waiver/Disclosure shall remain in full force and effect until revoked in writing and said revocation is delivered to the Department of Parks, Recreation and Culture or, if executed by a parent or guardian, the Participant becomes 18 years old, whichever is first to occur.

I and the Participant agree to follow all facility rules and regulations, including all instructions from any City staff, and I understand that I and/or the Participant may be subject to removal if we do not follow any rules, regulations or instructions. If we use City-provided equipment, we agree to use it only at the facility where provided and to use it according to any rules, regulations or instructions, and to return it in the same condition as it was when we received it.

The City of Gaithersburg transfers all risk to \_\_\_\_\_

**Print Participant's Name**

**DOB** (mm/dd/year)

**Signature** (participant OR parent/guardian if under 18)

**Printed Name** (parent/guardian if under 18)

OFFICE USE ONLY: Resident: **Y** **N**  
Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_